

13 June 2009

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Justice comes to town

Dispensing error laws shown the red card at trade union rally See page 8

PLUS

ABPI chief blasts pharmacy parallel traders page 5

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CPD: Part two of our guide to cystic fibrosis page 18

FIVE TOP TIPS TO COMBAT CERVICAL CANCER page 22



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References: 1. AMO data on file. October 2007.

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**TABPI Awards 2008**

Winner for news coverage



‘DRUG SHORTAGES IS A STORY THAT’S BEEN BUILDING OVER THE PAST YEAR AND IS NOW FAST COMING TO A HEAD’

An angry contractor phoned me this week. He's an old friend and it's rare that he gets so wound up about an issue.

He said the problem was getting worse, it was affecting the service he provided to his patients and that his fellow contractors were all in the same boat. Can you tell what it is yet?

Yep, you guessed it – the thorny issue of drug shortages is a story that's been building over the past year and is now fast coming to a head.

For example, in response to an NPA supply chain survey (p5), 86 per cent of pharmacists said they have seen an increase in the number of patients coming to them because another pharmacy could not obtain their medicines.

There is always a degree of collective sharing as contractors help out their colleagues, but my angry friend says he now spends an hour or two every day ringing wholesalers, suppliers and colleagues trying to source products.

And if every pharmacy is wasting five to 10 hours per week, then the number of man hours spent a month across the sector represents a staggering amount of unnecessary effort.

The angry contractor had been trying to source drugs for a patient with Parkinson's disease. On calling the manufacturer, he was told that supply was expected shortly but that in the meantime he should send the patient back to the GP.

Quite what the GP is expected to

do is unclear. Does he have a secret stash of medicines or will he be able – or even prepared – to alter the patient's treatment? Or will the patient simply end up back in hospital – a situation that is unacceptable to the patient, to the NHS and to the health professionals involved.

Manufacturers don't want to see patients go without either. They are in the business of healthcare and they want people to have access to their products. But somewhere the process is clearly falling down.

Pharmacists say they can't get some medicines and manufacturers say they are supplying enough to meet demand. The shortfall is being blamed on parallel exporters – with the ABPI claiming that one in 10 pharmacies is engaging in the entirely legal operation.

With individual countries setting their own prices for medicines and continuing currency fluctuations, parallel trading is unlikely to disappear.

But the patient with Parkinson's disease is not interested in price differentials or supply logistics, he just wants to get his medicines from his local pharmacy. It's that simple.

A sustainable solution needs to be found – and found fast.

Gary Paragpuri, Editor

• The winners of the C+D Awards will be revealed at a gala dinner next Wednesday – don't forget to check www.chemistanddruggist.co.uk/awards on Thursday for the results.

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Five top tips for preventing cervical cancer

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Switching from community to hospital practice

Union reveals battle plan to defeat rise of remote supervision

Campaign kicks off with opposition to Responsible Pharmacist legislation, says PDA

Zoe Smeaton

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The Pharmacists' Defence Association (PDA) has pledged to halt the government's plans to allow pharmacies to be remotely supervised.

The association will also target opposition against the responsible pharmacist legislation, which comes into force in October.

This establishes new criminal offences for pharmacists and could pave the way for them to supervise dispensing operations without being physically present in pharmacies, claims the PDA.

Mark Koziol, chairman of the PDA, said he hoped to delay the responsible pharmacist legislation and to stop remote supervision regulations being laid.

Speaking at an emergency meeting called to gather support for the campaign to decriminalise dispensing errors, Mr Koziol said



Mark Koziol: law change not in patient interest and must be opposed

remote supervision was "not in patients' interests" and called on pharmacists to oppose it.

As well as helping members to respond to the supervision consultation expected after October, the association is working with the Union of Shop, Distributive and Allied Workers, which has fears

about the implications of remote supervision on its members working in pharmacies. The two organisations have secured a ministerial meeting to raise the issue.

Mr Koziol said he planned to put "relentless pressure on the RPSGB" to speak out against remote supervision.

Locums air RP fears

Locums have written to the Department of Health to demand regulation of premises to ensure safe working conditions in light of Responsible Pharmacist rules.

The letter, penned by members of online forum Locum Voice, comes in response to comments from contractor bodies stating the new regulatory body should regulate pharmacists, not premises, in their reply to the draft Pharmacy Order 2009.

However, opponents, led by locum Lindsey Gilpin, argue such a move would not safeguard premises standards, and would leave locums vulnerable as responsible pharmacists in potentially unsafe environments.

To see the letter in full visit www.locumvoice.com

If the unions and the regulator stood together it would "massively improve" the chances of halting the regulations, he explained.

"That's our strategy for getting the hand grenade through the window [on this]," he added.

The RPSGB said it would welcome discussions with the PDA.

D-Day for dispensing errors at PDA summit

Read more on p8

Companies fight barrier to foreign recruitment

Community pharmacy chiefs are lobbying to overturn rules that will make it harder for the sector to employ foreign pharmacists.

The removal of community pharmacists from the government's shortage occupation lists could have a "major impact" on recruitment, firms said.

The sector has been removed from the list of occupations that can freely recruit migrant workers from outside the European Economic Area (EEA). This means that from next week companies will be obliged to advertise community pharmacist positions in UK job centres before they can consider non-EEA pharmacists.

"I find that hard to justify, because we're very, very rarely in a position where we're inundated with people applying," said Day Lewis head of HR Stephen Wellings. "We have to be very proactive in finding candidates and often we're selecting from a shortlist of one."

Both the NPA and the CCA said they were lobbying to get community pharmacy reclassified as a shortage occupation in an autumn review of the lists, and collecting evidence to support this. NPA spokesperson Neal Patel said: "It's pretty clear that [community] pharmacy needs to be on that list."

Hospital pharmacy remains an official shortage occupation. JR

NHS faces 'severe' budget cuts

The National Health Service is facing its biggest challenge ever, NHS managers have warned.

In less than two years, the health service will see the "most severe constriction ever in its finances", a report published by the NHS Confederation said this week.

In the five years from 2011, it forecasts, the impact of the recession coupled with rising costs will mean the NHS could experience

a real terms cash shortfall of £15 billion. In the 2009 Budget unveiled earlier this year, chancellor Alistair Darling announced that public spending overall would increase by just 0.7 per cent a year from 2011.

The NHS Confederation warned that difficult decisions would be needed to make savings, and that "action is required now if the service is to... continue to provide care free at the point of need". JR



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Pharma boss: medicine exports threatening lives

ABPI chief blames pharmacy parallel trade for UK medicine shortage

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One in 10 pharmacies in the UK is putting patients at risk by parallel trading medicines to Europe, the pharmaceutical industry's trade body has said.

More than 4 per cent of UK medicines are being sent abroad, with 11 per cent of pharmacy outlets engaging in parallel exports, according to IMS data, the Association of the British Pharmaceutical Industry (ABPI) claimed.

David Fisher, ABPI commercial director, said more than 200 leading products are now being exported.

The comments come as pharmacists reported growing difficulties sourcing some branded medicines. Much of these troubles were self-inflicted, according to the ABPI chief.

He said: "Any time a pharmacist decides to export rather than keep the drug in the UK it potentially creates a supply shortage. Not for that pharmacist, but for the guy down the road."

Scotland was one area identified as an exporting hotspot, according to Mr Fisher.

But Community Pharmacy Scotland refuted the claims and blamed quotas imposed by manufacturers for shortages.

Quotas were "a sledgehammer" responsible for the crisis, CPS said.

But Mr Fisher urged support for quotas, insisting that they preserved, not hampered, the UK supply chain.

He said: "These much-discussed

quota systems are keeping a lid on [exports]. If it were uncontrolled you'd have complete anarchy, essentially. There would be tonnes of products leaking out of the UK supply chain, with who

knows what consequences."

Earlier this year pharmacists were told to stop parallel exports by PSNC, which said the practice was damaging the reputation of pharmacy.



One in 10 pharmacies is exporting drugs abroad, the ABPI says

Drug shortages highlighted in NPA survey

Preliminary results from the NPA's supply chain survey confirm that supply problems are still affecting patients' abilities to obtain their medicines promptly. Pharmacists were also facing additional administrative burdens due to dealing with extra wholesalers, and changes to discounts, the association found.

Ian Facer, chairman of the NPA board, told C+D 86 per cent of survey respondents so far said they had seen an increase in the number of patients coming to them saying another pharmacy could not obtain their medicines. "Clearly this is a general issue," Mr Facer said. The NPA said it would be intensifying its representations on the matter. **ZS**

arms with a razor blade.

Pharmacy manager Kathryn O'Brien described the incident to C+D as "horrific".

She said: "[The woman] started popping [her tablets] out and downing them in her hand... while I was on the phone she took out a razor blade and started hacking at her arms.

"She started screaming and I got a huge lump in my throat. It was like

the scream of someone dying in a horror film. I was worried the woman was going to drop dead in front of me," Ms O'Brien added.

"I was so shocked... It was the most horrific thing I've ever seen. It's still sinking in."

The woman, who fled the scene, was found shortly afterwards with life-threatening injuries and was taken to Royal Berkshire Hospital, the ambulance service said. **CC**

Burnham takes top job

Ex-pharmacy minister Andy Burnham has been appointed health secretary, replacing Alan Johnson as part of a cabinet reshuffle last week. He immediately set his sights on getting Britons fitter.

www.chemistanddruggist.co.uk

Hornby set for Boots

Alliance Boots has appointed former HBOS chief Andy Hornby as its group chief executive. Mr Hornby will take up the newly created position from July 1 and report to executive chairman Stefano Pessina, who will continue to lead the group full time.

www.chemistanddruggist.co.uk

Rx submission quiz

Pharmacists have been invited to take an online quiz, launched by NHS Prescription Services, to help them with submitting prescription forms as exempt or chargeable.

www.nhsbsa.nhs.uk

Wholesalers issue SOS

The government should safeguard full-line wholesalers' incomes, industry leaders have said. The warning came after the European Association of Pharmaceutical Full-line Wholesalers (GIRP) warned wholesale models were "under threat", with "increasingly unsustainable" remuneration.

www.chemistanddruggist.co.uk

Pain patches service

Transdermal fentanyl patch manufacturer Janssen-Cilag has launched a scheme to encourage patients to return unused patches. Participating PCOs will pay pharmacists for the enhanced service, including counselling patients on the importance of returning the patches.

www.chemistanddruggist.co.uk

Pharmacy left stunned by 'horrific' suicide bid

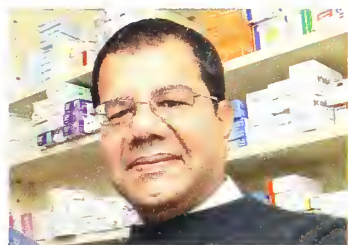
Staff at a Berkshire pharmacy are still in shock after a "horror film" experience when a woman slashed her wrists in a suicide attempt.

Staff at Boots' Bartholomew Street store in Newbury reacted quickly to call an ambulance on June 2 when the woman, in her early 30s, entered the store and swallowed a cocktail of potent drugs, including antidepressants and temazepam. The woman then began to cut her



Dispensary talk

Who was your favourite recent RPSGB president?



"I've never really voted in Council elections ever, so I don't have a preference. I don't vote and I don't really intend to in the future. I ask myself: does it really make any difference?"

Sunil Bajaria, Worthcare Pharmacy, Thamesmead



"I would have to say Hemant Patel. I met him many years ago when I was a student, and found him to be very approachable and friendly, and passionate about community pharmacy."

Alan Erwin, Alliance Pharmacy, Belfast

Web verdict

Steve Churton 48%

Gillian Hawsworth 41%

Hemant Patel 5%

Nicolas Wood 6%

Armchair view: Steve Churton and Gillian Hawsworth seem to be the people's presidents, but the poll had more suspicious block voting than a Zimbabwean election. Read PostScript next week for C+D's investigation.

Next week's question: Who is to blame for drug shortages? Vote at www.chemistanddruggist.co.uk

Decriminalise errors, drugs watchdog told

Pharmacy bodies appeal to MHRA, but change could take three years

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Six key pharmacy bodies have called on the UK drugs watchdog to decriminalise dispensing errors as part of its upcoming review of the 1968 Medicines Act.

However, even with MHRA backing, pharmacists could have to wait until 2012 for any law change.

The group, including the NPA, RPSGB, PSNC, CCA, CPW and AIMp, told the MHRA to ensure simple dispensing errors are decriminalised in response to a consultation on drug laws.

RPSGB policy director David Pruce said the case for decriminalisation



Cross-industry backing for law change

was overwhelming. "It would be a huge step forward for the profession

and the public, as we're hearing that pharmacists are getting more reluctant to report errors because they could effectively criminalise themselves," he added.

The MHRA consultation also included requests for dispensing in patient packs to be made mandatory except in exceptional circumstances, and a clarification of the rules on pharmacies trading stock and making up specials.

Consultation respondents backed continuing with the existing POM, P and GSL medicines categories.

Mr Pruce argued that the patient packs issue is particularly important, as a significant fraction of prescriptions written by GPs are for the wrong quantity, and require the pharmacist to use scissors to remove tablets.

The MHRA will consult on any law changes in 2010.

Patients praise 'honourable' pharmacists

The criminal prosecution of dispensing errors was debated on BBC Radio 4 last week.

On the weekly current affairs programme iPM, a customer praised her pharmacist's "honourable" behaviour in admitting and reporting a dispensing error after her husband was supplied more than double the strength of his prescribed epilepsy medication.

"I still think a custodial sentence would have been OTT even if my husband had died," the customer said. "I have the utmost confidence in [my pharmacist]. We still get our medicines from there." **JR**

Paracetamol sales come under fire

Poundland has been accused of risking patient safety after it was revealed the discount store sells 48 paracetamol tablets for a pound.

The RPSGB said it was concerned at the retailer's actions, which exceed the two-pack voluntary restriction adopted by most retailers.

However, Poundland CEO Jim

McCarthy said the company's policy was within the letter of the law. He said: "Our policy with regard to analgesic-containing medicines conforms to current UK legislation."

In a statement, the MHRA said: "We would like to see all retailers take a responsible approach, within the spirit as well as the letter of the

law, and not have to resort to further legislation."

David Pruce, director of policy at the Society, said the situation was "extremely worrying".

Under current legislation, retailers are able to sell up to six packs of 16 paracetamol tablets as a GSL product. **CC**

Steve Dunn makes return

Former AAH boss Steve Dunn has been appointed chief executive officer of Williams Medical Supplies (WMS).

The move comes two months after Mr Dunn lost his legal battle against AAH for wrongful dismissal.

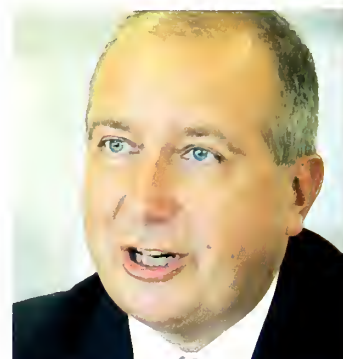
Mr Dunn has been tasked with growing WMS's supply business for medical devices and pharmaceuticals to the NHS.

Mr Dunn said he was delighted to be returning to the healthcare

market. He added: "We don't deal with pharmacists direct, though what happens in pharmacy is still of great interest to me."

His appointment follows a judge's decision in April to uphold his dismissal by AAH in December 2007.

Mr Dunn told C+D he wanted to draw a line under the court case. "The past is the past. I'm not interested in it and have already forgotten it." **MG**



Steve Dunn: returning to healthcare

An anti-fungal that treats more than just athlete's foot



Canesten Hydrocortisone contains a hard-working combination of active ingredients which provide rapid relief not only from inflamed athlete's foot but from sweat rash too.

Clotrimazole helps to stop the growth of the fungi that causes both of these skin conditions. And Hydrocortisone reduces soreness and irritation, making Canesten Hydrocortisone ideal for cases where athlete's foot or sweat rash have become inflamed.

Athlete's foot and sweat rash are common complaints, but they can both be treated quickly and easily with one cream.

So next time you see a fungal skin infection, whether it's athlete's foot or sweat rash, recommend Canesten Hydrocortisone for rapid, anti-fungal, anti-inflammatory relief.



Contains Clotrimazole and Hydrocortisone

Product Information for Canesten® Hydrocortisone
Presentation: **Canesten® Hydrocortisone** contains clotrimazole 1% w/w and hydrocortisone 1% w/w. **Indications:** Athlete's foot and candidal intertrigo where co-existing symptoms of inflammation require rapid relief. **Dosage and Administration:** Apply thinly and evenly twice daily and rub in gently for a maximum of seven days. **Contraindications:** Use on face, eyes, mouth or mucous membranes; broken or large areas of skin; cold sores or acne; for treatment periods longer than seven days;

hypersensitivity to ingredients. Only if prescribed by doctor: children under 10 years; pregnancy and lactation; on ano-genital area; to treat ringworm or secondarily infected skin conditions. For hydrocortisone component: any untreated bacterial skin diseases, chicken pox, vaccination reactions, perioral dermatitis, viral skin diseases (e.g. herpes simplex, rosacea, shingles). **Warnings and Precautions:** This product contains cetostearyl alcohol, which may cause local skin reactions (e.g. contact dermatitis). Long-term continuous therapy to extensive areas of skin should be avoided. Avoid covering treated area with tight

dressings. **Side-effects:** Rarely local irritation, burning or itching immediately after use. Hypersensitivity reactions may occur after use on large areas and/or over long-term use or use under occlusive dressings, skin atrophy, telangiectasia, hypopigmentation, striae, hypopigmentation, secondary infection. No other symptoms may occur. Use in pregnancy: Only when considered necessary by a physician. **RRP: £3.31. MA Number: 00010/0216. MA Holder: Bayer plc, Consumer Care Division, Newbury, Berkshire RG14 7JA. Legal Category: P. Date of Preparation: January 2008.**

Anonymous dispensing error log system unveiled by PDA

PDA CAMPAIGN Keeping mistakes anonymous should increase reporting of dispensing errors

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The Pharmacists' Defence Association is set to launch an error logging system that aims to increase reporting of dispensing errors by allowing mistakes to remain anonymous.

Many pharmacists were unwilling to report errors because they feared criminal prosecution after the case of Elizabeth Lee, PDA chairman Mark Koziol said. Pharmacists can face criminal proceedings for a one-off dispensing error under existing law.

However, the PDA system, expected to launch later this month,

will look to ease fears by sending the reports anonymously to the National Patient Safety Association (NPSA).

PDA members will enjoy legal privileges meaning the logs could not be used against them in court cases as the Association is their legal representative.

The system was announced at a PDA "call to action" meeting at the London School of Pharmacy last Sunday, where the Association outlined to members its plan to lobby for the decriminalisation of dispensing errors.

David Cousins, NPSA head of safe medication practice, backed the service, and called for improved error reporting from community pharmacists to help improve patient safety. "Community pharmacists are poor reporters, which is disappointing," he said. "We want to do anything we can to minimise barriers that prevent reporting and learning."

The PDA was not advocating that pharmacists avoid the error reporting required by some employers, Mr Koziol stressed. He said it was reacting to findings that many pharmacists were considering not reporting errors in this way

Error reporting

The National Patient Safety Agency has backed the campaign to decriminalise dispensing errors, which it believes will encourage better error reporting and learning, therefore improving patient safety:

- 8,000 to 10,000 medication errors are reported to the NPSA in a month
- 3,500 errors are reported by community pharmacists to the NPSA in a year
- Less than 0.1% of dispensing errors committed by community pharmacists are reported to the NPSA, research has suggested. JR

because of the consequences.

Using the PDA system would allow pharmacists to "at least comply with their professional requirements" to log errors, he said.

Non-PDA members will be able to use the service but will not enjoy the same legal privileges.

Locum Lindsey Gilpin called the service an "elegant" solution to many of the problems pharmacists faced with error reporting.



Professor David Cousins: "We want to minimise barriers that prevent reporting"

Expectation key concern

The pressure on pharmacists caused by patients' expectations of the speed of dispensing topped pharmacists' concerns at the PDA meeting last week.

A delegate who raised the issue received a round of applause from the audience. But PSNC chief executive Sue Sharpe said: "Let's not kid ourselves that we can change public expectation overnight – people want their medicines and they want them quickly."

In response, another delegate called for a public awareness campaign about the work that goes into dispensing. The delegate had refused to display a company poster guaranteeing dispensing within five minutes, she added. JR

PSNC warning on prosecution fear

The criminal prosecution of dispensing errors will reduce the profession's ability to attract new members and prevent the development of pharmacy services.

This was the warning from PSNC chief executive Sue Sharpe at a PDA decriminalisation campaign meeting last Sunday.

Ms Sharpe attended the meeting because she felt "so strongly" about the criminalisation of errors, she said. "This is going to be completely contrary to the development of the pharmacy service."

MURs and the white paper were evidence of government recognition of "the potential that a properly resourced, properly supported profession can offer", Ms Sharpe said. "All of this goes away unless we

can offer pharmacists a safe and rewarding profession."

She explained: "Unless we can assure them that if they commit to doing their best they will have a good professional life ahead of them... why would anyone want to be a pharmacist?"

Ms Sharpe backed the National Patient Safety Agency's calls for pharmacists to do more to make dispensing safer, such as employing barcode technology and providing feedback on packaging issues.

But the criminal prosecution of dispensing errors was a "substantial obstacle" to the development of a "safe and effective pharmacy service for patients", she said. JR



Sue Sharpe: prosecutions are a "substantial obstacle" to development

"Eczema, I'm fully covered"



Childhood eczema can be distressing for the whole family. Children need protection, and parents need reassurance. With eczema



incidence increasing by 41.8% between 2001-2005,¹ as many as 20% of school children are now affected.²

For optimum patient outcomes, NICE recommends complete emollient therapy – an everyday, regular routine of a wash product followed by a topical emollient.

Oilatum® Junior Bath and **Oilatum® Junior Cream** offers a complete emollient solution against childhood eczema, helping to ensure that bathtime is playful not tearful.



Complete emollient therapy

Oilatum® Junior Emollient Bath Additive contains light liquid paraffin.
Oilatum® Junior Cream contains light liquid paraffin and white soft paraffin.

Oilatum Junior Cream Essential Information

Active Ingredients: light liquid paraffin 6.0% w/w and white soft paraffin 15.0% w/w. **Uses:** For the treatment of atopic eczema, contact dermatitis and dry, sensitive skin including ichthyosis. **Dosage and administration:** Apply topically to the affected area and rub in well, may be used as often as required. It is especially effective after washing. **Side effects, precautions and contraindications:** Should not be used in patients with known hypersensitivity to any of the ingredients. Hospital users should follow local procedures and policies for using topical products on in-patients. Keep out of the sight and reach of children. Consult the SPC for further details. **Legal category:** GSL. **Package quantities & trade price:** 500ml £4.99, 1050ml £9.98. **Product Licence number:** PL 0174/0219 **Marketing Authorisation Holder:** Stiefel Laboratories (UK) Ltd, Holtspur Lane, Wooburn Green, High Wycombe, Bucks, HP10 0AU, UK. **Date of preparation:** May 2009

Oilatum Junior Emollient Bath Additive Essential Information

Active ingredients: light liquid paraffin 63.4% w/w. **Uses:** For the treatment of contact dermatitis, atopic dermatitis, ichthyosis and related dry skin conditions. Oilatum Junior Emollient Bath Additive is particularly suitable for infant bathing. **Dosage and administration:** Suitable for use in infants and children. Oilatum Junior

Emollient Bath Additive should always be used with water, either added to the water or applied to wet skin, and may be used as frequently as necessary. Add 1-3 capfuls to an 8-inch bath of water, soak for 10-20 minutes, and pat dry. Infant bath: Add ½-2 capfuls to a basin of water, apply gently over entire body with a sponge, and pat dry. **Side effects, precautions and contraindications:** Take care to avoid slipping in the bath. If a rash or skin irritation occurs, stop using the product and consult with the doctor. Consult the SPC for further details. **Legal category:** GSL. **Package quantities & trade price:** 150ml £2.82, 250ml £3.25, 300ml £5.10 and 500ml £5.75. **Product Licence number:** PL 0174/0182 **Marketing Authorisation Holder:** Stiefel Laboratories (UK) Ltd, Holtspur Lane, Wooburn Green, High Wycombe, Bucks, HP10 0AU, UK. **Date of preparation:** May 2009

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1. Simpson CR et al. Trends in the epidemiology and prescribing of medication for eczema in England. J R Soc Med. 2009;102:108-117.
2. B.A.D. Guidelines for the Management of Atopic Eczema, Feb 2006; Vol 28. Available at: <http://www.bad.org.uk>.

C+D is 150 in September!

150

100 day countdown

Help us celebrate as we approach C+D's big day

C+D is this week launching the 100-day countdown to its 150th birthday, on September 15. On that date 15 decades ago, the first issue of *The Chemist and Druggist* was published, then a monthly title.

In an editorial letter "to our readers" in the first edition, we opened with the Latin "Si monumentum requiris circumspe", which translates as "if you seek his monument, look around" – the epitaph of Sir Christopher Wren in St Paul's Cathedral, of which he was the architect.

Less obliquely, the editor set out the purpose of the new publication: "Our humble aim is to be simply useful."

That first issue included what might now be described as a market analysis of galvano-electric brushes; the announcement that "gold keeps flowing into the Bank"; the revelation of a safety match "fully deserving its title"; and a damning

comment on a French advertisement for a place "where illegitimate children might be safely, secretly and luxuriously brought into the world, and afterwards comfortably got rid of", about which C+D concluded that "the public opinion of England on matters of morality is far as yet from having sunk to the level of France".

We hope we are still useful today, although the definition of what that constitutes for a community pharmacist has evidently altered considerably over the past 15 decades.

And so, to commemorate 150 years in community pharmacy, C+D will be celebrating the profession's past and looking to its future. Here's a taste of some of the things we'll be doing over the 100-day countdown to the big day and the birthday edition on September 19 – and how you can contribute to the celebrations.



The Morgan brothers, who in 1859 launched *The Chemist and Druggist* alongside their pharmaceutical supplies business. The first editor, William, is centre

Create a time capsule

We are returning to our Blue Peter-loving roots and creating a time capsule of pharmacy in 2009. What people, products, objects or publications sum it up for you? Let us know and the most popular suggestions will be included. On the other hand, what bugbears of pharmacy life would you like banished to the sector's very own Room 101? Email jrichardson@cmpmedica.com.

Celebrate great pharmacy innovations

Do you know which product, service or other idea would get your vote for the greatest innovation by or for pharmacists of the last 150 years? Is it Coca-Cola or Bird's egg-free custard (both invented by pharmacists), or something that could be said to have contributed more to the advance of pharmaceutical care? Email suggestions to cchapman@cmpmedica.com.

Fancy a chance to be a C+D guest editor?

Reckon you could do a better job of editing C+D than our editor? We'll be asking you to prove it for the chance to guest edit our 150th birthday issue and see your editorial comment in print. Look out for further details.

Raid the archives

Have you got a photo of your pharmacy from years ago? Did your pharmacy serve Winston Churchill or was it visited by King George V? Email your historical stories and pictures to jrichardson@cmpmedica.com.

Nominate a future star

Taking a leaf out of Sir Alan Sugar's book, we're looking for the pharmacy equivalent of *The Apprentice* 2009. Help us find the young pharmacists who will shape the profession's future by emailing your nominations to thawkins@cmpmedica.com.

Challenge your creativity

Dust off your cameras and get your creative juices flowing: we will be launching a competition celebrating C+D's position at the heart of community pharmacy. Look out for further details in the coming weeks.

What would pharmacists in 1859 consider a good present for 'domestics'?

See Raiders of the lost archives on Postscript – p30

Hard as nails, soft on price

TOENAIL SOFTENING LOTION

Relieves discomfort from hard or sharp toenails, easy to apply transparent liquid.



See your  key accounts manager or contact:

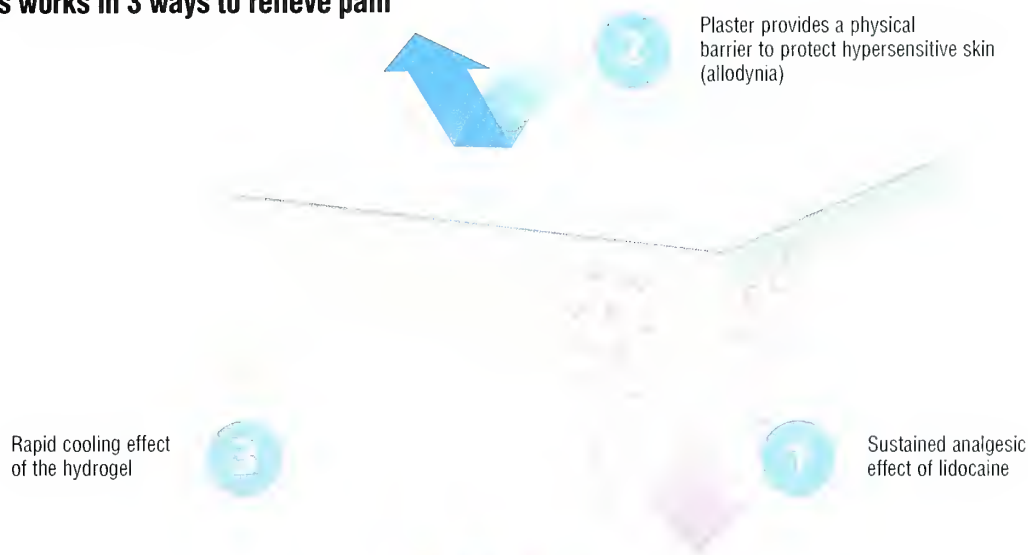
Carnation Gernard & Co. Ltd., 125 Broadwell Road, Oldbury, West Midlands B69 4BF www.carnationfootcare.co.uk



Keeping on top of neuropathic pain

Versatis is an elegant plaster medicated with 5% lidocaine licensed for the treatment of neuropathic pain associated with post-herpetic neuralgia.

Versatis works in 3 ways to relieve pain



How Versatis should be applied

Patients should be advised to follow the step-by-step instructions in the leaflet that is included in the Versatis pack. Remind them that:

- The skin should be unbroken, clean and dry
- The skin should be cleaned of any creams or lotions before you apply the plaster
- If the painful area of skin has hairs on it, they can be cut off using scissors. Do not shave them off
- Each plaster should be pressed onto the skin for at least 10 seconds to make sure it sticks firmly



The plaster is worn 12 hours on; 12 hours off

It is important that Versatis is in contact with the skin for 12 hours. It should be worn either for 12 hours during the night or for 12 hours during the day (depending on when the pain is worse). Patients should avoid contact with water whilst wearing the Versatis plaster.¹

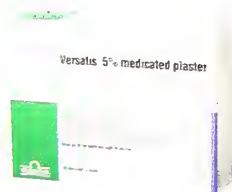
Why Versatis should be tried for at least 4 weeks

A General Practice study of 322 PHN patients found that after repeated application, the majority of patients (66%) experienced a reduction in pain within 1 week of treatment with Versatis.²

Around half of the patients who didn't improve in the first week, improved in the 2nd week with further improvement 2-4 weeks after starting therapy.²

Dispensing Versatis

The 30-plaster pack has been designed to provide a patient with a month's treatment, using 1 plaster per day. Each pack contains 6 sachets of 5 plasters. The sachets should not be opened to dispense individual plasters, as the hydrogel in the plasters will dry out.



Versatis Prescribing Information

Versatis 5% medicated plaster. Refer to the Summary of Product Characteristics (SPC) for full details on side effects, warnings and contraindications before prescribing. **Presentation:** Versatis is a medicated plaster (10cm x 14cm) containing 700 mg (5% w/w) of lidocaine in an aqueous adhesive base. **Indication:** Symptomatic relief of neuropathic pain associated with previous herpes zoster infection (post-herpetic neuralgia, PHN). **Dosage and method of administration:** Adults and elderly patients. Use up to three plasters for up to 12 hours, followed by at least a 12 hour plaster-free interval. Cover painful area once daily. Apply the plaster to intact, dry, non-irritated skin (after healing of the shingles). Remove hairs in affected area with scissors (do not shave). Remove the plaster from sachet and its surface liner before applying immediately to the skin. Plasters may be cut to size. Re-evaluate treatment after 2 to 4 weeks. Patients under 18 years. Not recommended. **Contra-indications:** Hypersensitivity to active substance, any excipients, or local anaesthetics of amide type (e.g. bupivacaine, etidocaine, mepivacaine and prilocaine). Do not apply to inflamed or injured skin (e.g. active herpes zoster lesions, atopic dermatitis or wounds). **Warnings and precautions:** Should not apply to mucous membranes or the eyes. Plasters contain propylene glycol which may cause skin irritation, methyl parahydroxybenzoate and propyl parahydroxybenzoate which may cause allergic reactions. Use with caution in patients with severe cardiac impairment, severe renal impairment or severe hepatic impairment.

In animals, metabolites of lidocaine have been shown to be genotoxic, carcinogenic and mutagenic, with unknown clinical significance.

Interactions: No clinically relevant interactions have been observed in clinical studies. Absorption of lidocaine from the skin is low. Use with caution in patients receiving Class I antiarrhythmic drugs (e.g. tocainide, mexiletine) or other local anaesthetics. **Pregnancy and lactation:** Do not use during pregnancy or breast-feeding. **Undesirable effects:** Very common ($\geq 10\%$): administration site reactions (e.g. erythema, rash, pruritus, burning). Uncommon ($< 0.1\%$ to $\leq 1\%$): skin injury, skin lesion. Very rare ($< 0.01\%$) but potentially serious: anaphylaxis, hypersensitivity. Adverse reactions were predominantly of mild and moderate intensity. Systemic adverse reactions are unlikely. See SPC for full details.

Overdose: Unlikely. If suspected, remove plasters, provide supportive treatment (see SPC). **Legal classification:** POM. Marketing Authorisation number, pack sizes and basic NHS cost: PL 21727/0016, 30 plasters (£72.40). Marketing Authorisation Holder: Grünenthal Ltd, Regus Lakeside House, 1 Furze Ground Way, Stockley Park East, Uxbridge, Middlesex, UB11 1BD, UK. Date of text: October 2008 V0320

References:

- 1 Versatis Summary of Product Characteristics
- 2 Katz NP et al. Pain Medicine 2002; 3(4): 324-332

versatis
5% lidocaine medicated plaster
WORKS WHERE IT HURTS

Adverse events should be reported.
Reporting forms and information can be found at:
www.yellowcard.gov.uk. Adverse events should also be reported to Grünenthal Ltd (tel: 0870 351 8960).

LICENSED FOR THE TREATMENT OF NEUROPATHIC PAIN ASSOCIATED WITH POST-HERPETIC NEURALGIA

Name change for C&G Pepti

Nutricia plans to change the brand name of Cow & Gate Pepti to

Aptamil Pepti from July.

Although the product name and packaging will change, the formulation will remain the same. The hydrolysed whey-based formula, which contains prebiotic oligosaccharides,

is suitable for infants from birth with cow's milk protein allergy.

Nutricia said it decided to make the brand change because the Aptamil range focuses on immunity while the Cow & Gate range will concentrate on its pre-term portfolio.

Both sizes of Aptamil Pepti are available on prescription.

Price and Pip code: £8.62/400g trial pack, 346-5689; 19.39/900g Easypacks, 346-5671
Nutricia; tel: 08457 623676

Sudocrem targets adults

Forest Laboratories is extending its Sudocrem brand with a 30g tube for adults and the travel market.

Sudocrem Skin Care Cream is a cosmetic version of Sudocrem Antiseptic Healing Cream. Formulated to soothe and protect, it can be used for sunburn, irritated skin, superficial skin damage and teenage skin.

The cream has a water-repellent base, which forms a protective barrier to help prevent irritants coming into contact with the skin.

The new variant has been launched in direct response to the

brand's growing popularity among adult users, with women using the nappy rash cream on their skin, according to Forest Laboratories.

"The growing awareness among women in general has been fuelled by a combination of national media coverage, celebrity-driven stories and chat rooms," said Sudocrem senior product manager Agata Malas.

Price and Pip code: £1.85/30g, 346-3098
Forest Laboratories
Tel: 01322 550550



Clamelle provides a talking point

Actavis is supporting its Clamelle chlamydia test kit and OTC treatment with new point of sale material for pharmacies.

An eye-catching range of counter display units, wobblers and posters is designed to communicate the availability of the test and treatment and to help reinforce the message that when left untreated, chlamydia can seriously threaten fertility.

"We are now working to provide materials in pharmacy that encourage

consumers to take responsibility for their own wellbeing and engage with the pharmacist as a medical expert in the areas of sexual health and fertility," said Richard Hollies, OTC director, Actavis UK.

Consumers can find their nearest stockist on the Clamelle website, which also features training materials for pharmacists.

Actavis UK; tel: 01271 311200
www.clamelle.co.uk



Time to talk about dry mouth?

Approximately 20% of people suffer symptoms of dry mouth¹, primarily related to disease and medication use. More than 400 medicines including tricyclic antidepressants and antihistamines can cause dry mouth² and the prevalence is directly related to the total number of drugs taken.³



The Biotène patented salivary LP3 enzyme system

The Biotène formulation supplements natural saliva, providing some of the missing salivary enzymes and proteins in patients with xerostomia and hyposalivation to replenish dry mouths.

The Biotène system allows patients to choose appropriate products to fit in with their lifestyles.

Products specially formulated for dry mouth:

- Biotène Oral Balance Saliva Replacement Gel
- Biotène Oral Balance Liquid

Hygiene Products:

- Biotène Dry Mouth Toothpaste
- Biotène Dry Mouth Mouthwash

The range is appropriately formulated for the sensitive mucosa of the dry mouth patient.

- Alcohol free
- Sodium Lauryl Sulfate (SLS) free
- Mild flavour

The Biotène formulation:

- Helps maintain the oral environment and provide protection against dry mouth
- Helps supplement saliva's natural defences
- Helps supplement saliva's natural antibacterial system - weakened in a dry mouth.

biotène for dry mouth

1. Billings RJ. Studies on the prevalence of xerostomia. Preliminary results. Cones Res. 23 Abstract 124, 35th ORCA Congress 1989. 2. Eveson JW. 'Xerostomia'. Periodontology 2000. 48: 85-91. 3. Sreebny LM, Schwartz SS. 'A reference guide to drugs and dry mouth - 2nd edition'. Gerodontology 1997. 14: 1, 33-47.

BIOTÈNE is a registered trade mark of the GlaxoSmithKline group of companies.



Deep Freeze kicks off cool campaign

Mentholatum's Deep Freeze brand will be in the public eye throughout this summer, backed by a £600,000 advertising campaign on TV and in sports magazines.

In a new version of the brand's animated advert featuring crunching tackles, the TV campaign focuses on Deep Freeze Cold Spray, with the rest of the range highlighted at the end.

On air until the end of August, it combines the sound of a spray with the noise of a match and bodies colliding, ending with the line 'Deep Freeze – spray on, play on'.

The campaign is appearing on ITV, Sky and Five channels, coinciding with coverage of football, rugby and boxing as well as during programmes such as The World's Strongest Man, Fifth Gear and The Gadget Show.



Mentholatum Company; tel: 01355 848484

Child safety initiative

Nelsons has teamed up with The Child Accident Prevention Trust (CAPT) to raise awareness of Child Safety Week from June 22-28.

The company is making a donation of 5p to CAPT from every sale of Arnicare

Arnica Montana and is designed to glide onto the skin with a fun green colour to provide visible TLC for children's knocks and bumps.

Child Safety Week aims to raise awareness of the number of accidents that seriously injure or kill children and how to prevent them. Falls are the most common cause of accidental injury to children and young people according to CAPT. Every year, almost 400,000 children are rushed to casualty after a fall

at home or in the garden.

Nelsons
Tel: 0800 289515



Arnica Kids Stick throughout

its summer kid's campaign.

The pocket sized stick is formulated with the alpine flower

Glove add-on for TENS unit

Tenscare has introduced a glove to help rheumatoid arthritis sufferers combat painful, swollen joints in their hands.

The Iglove has been developed with a new 'Silver Stim' conductive fabric which, when damp, allows the stimulation from a TENS unit to pass through the hand.

The stimulation improves the blood flow, which in turn increases mobility in the fingers and provides relief from pain throughout the

hand, says Tenscare.

The product can also be used for pain management of repetitive strain injury, carpal tunnel syndrome, Raynauds syndrome and other chronic pain conditions in the hand.

The glove stretches to fit all sizes of hand.

Price: Iglove £19.39, Iglove with Touch TENS £46.94
Tenscare; tel: 01372 723434

From July 2009 Aptamil Pepti will be the new name in cows' milk protein allergy treatment



NUTRICIA COW & GATE
(SPECIALISED FORMULA
FOOD) PEPTI
PRODUCT CODE: CSA011-900G
PIP CODE: 315 0307

MILUPA APTAMIL
(SPECIALISED FORMULA
FOOD) PEPTI
PRODUCT CODE: MFA004-900G
PIP CODE: 346-5671

What do I need to know?

- From July 2009, Pepti, the only extensively hydrolysed whey based formula to contain prebiotic oligosaccharides will STOP being produced by Cow & Gate, and will START being produced by Aptamil
- Only the product name and packaging will change, the formula will remain EXACTLY the same
- Aptamil Pepti will be available on prescription in 900g EaZypacks at £19.39

What do I need to do?

- Continue to prescribe Cow & Gate Pepti until July 2009
- Look out for customer letters, or advertisements in the HCP press giving the specific changeover date
- Contact our dedicated HCP helpline, or speak to one of our local representatives for more information

For further information please visit our HCP website aptamil4hcps.co.uk or call our helpline 08457 623 676



IMPORTANT NOTICE: Aptamil Pepti should only be used under medical supervision, after full consideration of the feeding options available, including breastfeeding. Aptamil Pepti is suitable as the sole source of nutrition for infants and as a principle source of nourishment with other foods for children.

Planning ahead to avoid foreign **horrordays**



‘ I SUPPLY VIRTUALLY EVERYTHING YOU NEED FOR A SAFE HOLIDAY EXCEPT THE TICKETS ’

As the Society gears up to become a proper representative body, it's starting to look like it could effectively promote me and my services to the wider world. Quite what role that will leave the NPA with remains to be seen.

One of its latest press releases – Talk to your pharmacist if you want to avoid summer horrordays – promotes the role of community pharmacists, using some of its own holiday health research to support its arguments. Thank you Lambeth, I'm starting to feel like you're on my side and representing my interests.

I've always felt like I have a huge role to play in holiday health – if only I could convince my customers. In fact, I supply virtually everything you need for a safe holiday except the tickets. You name it, I've got it, from sun cream to sun glasses, from anti-diarrhoeals to anti-malarials. Some of my colleagues with an in-store post office can even supply the currency and travel insurance.

Yet it never ceases to amaze me that, having spent months researching the ideal holiday, ensuring kitty is booked into the penthouse at the cattery, purchasing a new summer wardrobe, and remembering to cancel the papers, people spoil it by forgetting the health basics.

All my staff are primed to ask customers purchasing anything remotely holiday-related if they've remembered the sun cream, the first aid

kit, the paracetamol etc. But still they slip through the net, as the Society's survey shows. How on earth can so many people let sunburn or a headache spoil their holiday?

I wonder if the typical Brit abroad takes our much vaunted accessibility for granted. As the press release boasts: "99 per cent of people can reach a pharmacy within 20 minutes." It's all too easy to nip down to the chemist at the first sign of a dicky tummy or headache in this country. This isn't always the case on your idyllic Greek island. And what's the Greek word for diarrhoea anyway? The British simply aren't used to thinking ahead for their health needs.

All my staff want to try the failsafe technique employed by James Powell, the 'Medicine Man', who simply goes on holiday with his customers. Mr Powell packs up all his patients' emergency needs, from first aid and sun cream, to antihistamines, and sets up shop in the middle of their holiday destination, whether it be the Glastonbury Festival or a local air show. If you can't beat them, join them, is his motto.

We therefore made the unanimous decision that the best way to persuade customers to take their holiday health seriously is to threaten to go with them if they don't make the correct plans. If anybody takes us up on this offer, we will draw straws to decide who gets the job.

A welcome **reshuffle** for health

I once addressed a conference and joked that the life of a pharmacy minister was usually a very short one. Andy Burnham was promoted to pastures new very shortly after.

I found this personally disappointing as he had shown a great interest in pharmacy and I like to think that, over a drink or two in Strangers Bar, we discussed some of the issues that civil servants might not reach.

Mr Burnham might have learnt a little more about pharmacy but I learnt a lot about how civil servants can, if they wish, shield the minister from decisions and I also realised he had a mind of his own and was capable of putting his foot down.

I was therefore delighted to see him promoted to secretary of state for health in the latest reshuffle. There may be many reasons for wanting a general election now, but I personally hope he has a little time to make his mark on health.

Secretaries of state for health are often one, if not two, steps removed from pharmacy. It does not seem to be a popular portfolio – if Dawn Primarolo's unceremonial dumping of it is anything to go by – but now we at least have a

health secretary who has had the brief before and will at least have more than a basic understanding of pharmacy and its potential.

So what is our new health secretary really like? When we served on the Health Select Committee together I initially dismissed him as Labour voting fodder, but as I got to know him I realised that he was more than capable of thinking things through for himself and he also had a strong sense of what was morally right and wrong.

He left the committee when he became personal private secretary to David Blunkett. It was then that I realised what a kind and decent man he is. When Mr Blunkett fell from grace he stayed by his side, helping him through a difficult time.

Mr Burnham is also ambitious, but I have never regarded this as a bad thing, as long as people retain their basic humanity on the way.

So far he has achieved this, so I am optimistic about health under his watch. But he is a passionate Everton supporter, so I think I should warn you that it is not all good.

Sandra Gidley, Lib Dem MP and shadow health spokesperson



‘ OVER A DRINK OR TWO WE DISCUSSED SOME OF THE ISSUES THAT CIVIL SERVANTS MIGHT NOT REACH ’

60M - 200FT

H

36M - 120FT

ELPS

24M - 80FT

REDUCE

18M - 60FT

THE APPEARANCE

12M - 40FT

OF SCARS AND STRETCH MARKS

Bio-Oil® is clinically assessed to help improve the appearance of old and new scars and is suitable for all scar types, including striae. It contains the breakthrough ingredient PurCellin Oil™, natural plant oils and vitamins A and E. Bio-Oil should be applied twice daily for a minimum of three months. It is available at pharmacies from £8.95, bio-oil.com

Results of clinical trials: Photobiology Laboratory MEDUNSA 2006
1. Appearance of Scars: 65% improvement in appearance observed at 4 weeks (panellists: 24 Caucasians age 18-60, comprising 22 females & 2 males) 2. Appearance of Stretch Marks: 50% improvement in appearance observed at 8 weeks (panellists: 20 Caucasian women age 18-55) 3. Appearance of Uneven Skin Tone: 93% improvement in appearance observed at 6 weeks (panellists: 30 women age 18-55, comprising 15 Caucasian & 15 Negroid). All trials were observed by an independent expert clinician. They were single blind & randomised with intra-subject comparison under controlled conditions.



13.06.09

Features

Update: Managing cystic fibrosis

The second of two articles looks at the treatment options

Practical Approach

The pre-reg tries her hand at a mock medication review

Women's Health

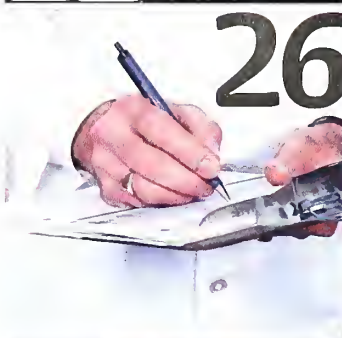
Five ways pharmacy staff can help prevent cervical cancer

Careers

Making the switch between community and hospital sectors

Postscript

Accolade for the C+D and Numark pre-reg competition winner



Presentations: ADVAGRAF® Prolonged-release hard capsules containing tacrolimus 0.5 mg, 1 mg and 5 mg. PROGRAF® hard capsules containing tacrolimus 0.5 mg, 1 mg and 5 mg.

Indications: ADVAGRAF® and PROGRAF®: Prophylaxis of transplant rejection in adult liver or kidney allograft recipients and treatment of allograft rejection resistant to treatment with other immunosuppressive medicinal products.

Posology and Administration: ADVAGRAF® and PROGRAF® therapy require careful monitoring by adequately qualified and equipped personnel. Either drug should only be prescribed, and changes in immunosuppressive therapy initiated, by physicians experienced in immunosuppressive therapy and the management of transplant patients. Dosage recommendations given below should be used as a guideline. ADVAGRAF® or PROGRAF® are routinely administered in conjunction with other immunosuppressive agents in the initial post-operative period. The dose may vary depending on the immunosuppressive regimen chosen. Dosing should be based on clinical assessments of rejection and tolerability aided by blood level monitoring. To suppress graft rejection immunosuppression must be maintained so no limit to the duration of oral therapy can be given. The daily dose of ADVAGRAF® capsules should be taken once daily in the morning with water at least 1 hour before or 2-3 hours after a meal. PROGRAF® Capsules should be taken as for ADVAGRAF® in two divided doses. ADVAGRAF®: In stable patients converted from PROGRAF® (twice daily) to ADVAGRAF® (once daily) on a 1:1 (mg/mg) total daily dose basis the systemic exposure to tacrolimus for ADVAGRAF® was approximately 10% lower than for PROGRAF®. The relationship between tacrolimus trough levels (C_{24}) and systemic exposure (AUC_{0-24}) for ADVAGRAF® is similar to that of PROGRAF®. When converting from PROGRAF® capsules to ADVAGRAF® trough levels should be measured before and within two weeks after conversion. In *de novo* kidney and liver transplant patients AUC_{0-24} of tacrolimus for ADVAGRAF® on Day 1 was 30% and 50% lower respectively, when compared with that for PROGRAF® at equivalent doses. By Day 4, systemic exposure as measured by trough levels is similar for both kidney and liver transplant patients with both formulations. Race: In comparison to Caucasians, Afro-Caribbean patients may require higher tacrolimus doses to achieve similar trough levels. **Prophylaxis of transplant rejection – liver and kidney:** Initial dose of ADVAGRAF® and PROGRAF® Capsules is 0.10-0.20 mg/kg/day for liver transplantation and 0.20-0.30 mg/kg/day for kidney transplantation starting approximately 12-18 hours for ADVAGRAF® and 12hrs for PROGRAF® after completion of liver or within 24 hours of completion of kidney transplant surgery. **Dose adjustment post-transplant:** ADVAGRAF® and PROGRAF® doses are usually reduced in the post-transplant period. It is possible in some cases to withdraw concomitant immunosuppressive therapy leading to ADVAGRAF® monotherapy or PROGRAF® dual therapy or monotherapy. Post-transplant improvement in the condition of the patient may alter the pharmacokinetics of tacrolimus and may necessitate further dose adjustments. **Dose recommendations – Conversion to ADVAGRAF®:** Patients maintained on twice daily PROGRAF® requiring conversion to once daily ADVAGRAF® should be converted on a 1:1 (mg/mg) total daily dose basis. Following conversion, tacrolimus trough levels should be monitored and if necessary dose adjustments made. Care should be taken when converting patients from ciclosporin-based to tacrolimus-based therapy. Initiate ADVAGRAF® after considering ciclosporin blood concentrations and clinical condition of patient. Delay dosing in presence of elevated ciclosporin blood levels. Monitor ciclosporin blood levels following conversion. **Dose recommendations – Rejection therapy:** For conversion of kidney and liver recipients from other immunosuppressants to once daily ADVAGRAF®, begin with the respective initial dose recommended for rejection prophylaxis. In adult heart transplant recipients converted to ADVAGRAF®, an initial oral dose of 0.15 mg/kg/day should be administered once daily in the morning. For other allografts, see SPC. **Dose adjustments in specific populations:** See SPC. **Target whole blood trough concentration recommendations:** Blood trough levels for ADVAGRAF® should be drawn approximately 24 hours post-dosing, just prior to the next dose, for PROGRAF® approximately 12 hours post-dosing. Frequent trough level monitoring in the first two weeks post-transplant is recommended, with periodic monitoring during maintenance therapy. Monitoring is also recommended following conversion from PROGRAF® to ADVAGRAF®, dose adjustment, changes in the immunosuppressive regimen, or co-administration of substances which may alter tacrolimus whole blood concentrations (see 'Warnings and Precautions' and 'Interactions'). Adjustments to the ADVAGRAF® and PROGRAF® dose regimen may take several days before steady state is achieved. Most patients can be managed successfully if tacrolimus blood concentrations are maintained below 20 ng/mL in clinical practice, whole blood trough levels have been 5-20 ng/mL in liver transplant recipients and 10-20 ng/mL in kidney transplant recipients early post-transplant, and 5-15 ng/mL during maintenance therapy. **Contraindications:** Hypersensitivity to tacrolimus or other macrolides or any excipient. **Warnings and Precautions:** Medication errors, including inadvertent, unintentional or unsupervised substitution of immediate- or prolonged-release tacrolimus formulations, have been observed. This has led to serious adverse events, including graft rejection, or other side effects which could be a consequence of either under- or over-exposure to tacrolimus. Patients should be maintained on a single formulation of tacrolimus with the corresponding daily dosing regimen; alterations in formulation or regimen should only take place under the close supervision of a transplant specialist. ADVAGRAF® only limited experience in non-Caucasian patients and that at elevated immunological risk. ADVAGRAF® and PROGRAF®: During initial period routinely monitor blood pressure, ECG, neurological and visual status, fasting blood glucose, electrolytes (particularly potassium), liver and renal function tests, haematology parameters, coagulation values, and plasma protein determinations, consider adjusting the immunosuppressive regimen if clinically relevant changes are seen. Herbal preparations, including those containing St John's Wort, should be avoided. Extra monitoring of tacrolimus concentrations is recommended during episodes of diarrhoea. Avoid concomitant administration of ciclosporin. Ventricular hypertrophy or hypertrophy of the septum (reported as

cardiomyopathy) have been seen rarely, other risk factors for these conditions include pre-existing heart disease, corticosteroid usage, hypertension, renal or hepatic dysfunction, infections, fluid overload, and oedema. Patients are at increased risk of all opportunistic infections including BK Virus associated nephropathy and JC Virus associated progressive multifocal leukoencephalopathy. Physicians should consider this in their differential diagnosis in immunosuppressed patients with deteriorating renal function or neurological symptoms. Patients have been reported to develop posterior reversible encephalopathy syndrome (PRES), if so radiological tests should be performed. If PRES is diagnosed, adequate blood pressure and seizure control and immediate discontinuation of tacrolimus is advised. Echocardiography or ECG monitoring pre- and post-transplant is advised in high-risk patients, and dose reduction of and or a change of immunosuppressive agent should be considered if abnormalities develop. Tacrolimus may prolong the QT interval. Exercise caution in patients with diagnosed or suspected Congenital Long QT Syndrome. EBV-associated lymphoproliferative disorders have been reported. Concomitant use of other immunosuppressives such as antilymphocytic antibodies increases the risk of EBV-associated lymphoproliferative disorders. EBV-VCA negative patients have been reported to have increased risk of lymphoproliferative disorders; EBV-VCA serology should be ascertained before starting tacrolimus treatment. During treatment, careful monitoring with EBV-PCR is recommended. Exposure to sunlight and UV light should be limited. The risk of secondary cancer is unknown. Capsules contain lactose. **Interactions:** See SPC. **Pregnancy and lactation:** Tacrolimus can be considered in pregnant women when there is no safer alternative. See SPC. **Undesirable effects:** Medication errors have been observed. A number of associated cases of transplant rejection have been reported (frequency cannot be estimated from the available data). Many of the following adverse drug reactions are reversible and/or respond to dose reduction. **Very Common (>1/10):** Hyperglycaemic conditions, diabetes mellitus, hyperkalaemia, insomnia, tremor, headache, hypertension, diarrhoea, nausea, renal impairment. **Common (>1/100 to <1/10):** haematological abnormalities, hypomagnesaemia, hypophosphataemia, hypokalaemia, hypocalcaemia, hyponatraemia, fluid overload, hyperuricaemia, appetite decreased, anorexia, metabolic acidosis, hyperlipidaemia, hypercholesterolaemia, hypertriglyceridaemia, anxiety symptoms, confusion and disorientation, depression, mood disorders and disturbances, nightmare, hallucination, seizures, disturbances in consciousness, paraesthesia and dysaesthesia, peripheral neuropathies, dizziness, writing impaired, vision blurred, photophobia, eye disorders, tinnitus, ischaemic coronary artery disorders, tachycardia, haemorrhage, thromboembolic and ischaemic events, peripheral vascular disorders, vascular hypotensive disorders, dyspnoea, parenchymal lung disorders, pleural effusion, pharyngitis, cough, nasal congestion and inflammation, gastrointestinal inflammatory conditions, gastrointestinal ulceration and perforation, gastrointestinal haemorrhages, stomatitis, ascites, vomiting, gastrointestinal and abdominal pains, constipation, flatulence, bloating and distension, loose stools, hepatic enzymes and function abnormalities, cholestasis and jaundice, hepatocellular damage and hepatitis, cholangitis, pruritus, rash, alopecia, acne, sweating increased, arthralgia, muscle cramps, limb and back pain, renal failure, oliguria, renal tubular necrosis, nephropathy toxic, bladder and urethral symptoms, asthenic conditions, febrile disorders, oedema, blood alkaline phosphatase increased, weight increased, body temperature perception disturbed, primary graft dysfunction. **Uncommon (>1/1000 to <1/100):** coagulopathies, coagulation and bleeding analyses abnormal, pancytopenia, hypoproteinaemia, hypophosphataemia, hypoglycaemia, coma, central nervous system haemorrhages and cerebrovascular accidents, paralysis and paresis, encephalopathy, speech and language disorders, amnesia, cataract, arrhythmias, cardiac arrest, heart failures, cardiomyopathies, infarction, deep venous thrombosis, shock, respiratory failures, respiratory tract disorders, asthma, paralytic ileus, peritonitis, acute and chronic pancreatitis, anuria, haemolytic uraemic syndrome, uterine bleeding, psychotic disorder, multi-organ failure. **Rare (>1/10,000 to <1/1000):** thrombotic thrombocytopenic purpura, blindness, neurosensory deafness, pericardial effusion, acute respiratory distress syndrome, subileus, pancreatic pseudocyst, hepatic artery thrombosis, venoocclusive liver disease, toxic epidermal necrolysis (Lyell's syndrome). **Very Rare (<1/10,000 including isolated reports):** hepatic failure, bile duct stenosis, Stevens Johnson syndrome, nephropathy, cystitis haemorrhagic, Neoplasms. Consult the SPC for complete information on side effects and full prescribing information. **Package Quantities, Basic NHS cost & Product licence numbers:** ADVAGRAF®/PROGRAF®: 0.5 mg capsules x 50 = £40.57 (EU/1/07/387/002)/£63.13 (PL 13424/0004), respectively 1 mg capsules x 50 = £81.14 (EU/1/07/387/004)/£81.90 (PL13424/000), respectively 1 mg capsules x 100 £162.28 (EU/1/07/387/006)/£163.78 (PL 13424/0001) respectively 5 mg capsules x 50 £405.71 (EU/1/07/387/008)/£302.56 (PL 13424/0002), respectively. **Legal Classification:** POM. **Date of Revision:** April 2009. Further information available from Astellas Pharma Ltd, Lovett House, Lovett Road, Staines TW18 3AZ. ADVAGRAF® and PROGRAF® are registered trade marks. For medical information phone 0800 783 5018.

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Following conversion to any alternative formulation, therapeutic drug monitoring must be performed and dose adjustments made to ensure that systemic exposure to tacrolimus is maintained.^{1,2}

References: 1. ADVAGRAF Summary of Product Characteristics. 2. Drug Safety Update MHRA January 2009, Volume 2, Issue 6.

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www.emc.medicines.org.uk/medicine/19814/SPC/Advagraf

Update

Your weekly CPD revision guide

Module 1481

The management of cystic fibrosis

Part two looks at controlling symptoms, limiting damage to lungs and other organs, and achieving normal nutrition

60 second summary

What are the main treatments for CF?

Physiotherapy helps clear thick mucus from the lungs to prevent infection and lung damage. Medication aims to prevent chest infections and replace the missing pancreatic enzymes.

Which drugs are commonly used?

Long-term oral *Staphylococcal* antibiotics often form part of the treatment. Nebulised or intravenous colistin, tobramycin, colistin sulphate and tobramycin are used to fight *Pseudomonas*. Dornase alfa reduces the frequency of lung infections.

What about diet?

A high calorie diet is needed, as much of the food consumed is not digested properly. Vitamin A, D and E supplements are required throughout life.

This article (Module 1481) can help in the following CPD competences: G1a, G1c, G1d, C2c. See <http://tinyurl.com/68ox7b>

The Update May winner is Tim Hazelwood of Bedford.

Miranda Griffin

Cystic fibrosis (CF) is the most common hereditary disease in Western Europe. A faulty gene affects the way cells handle salt and thus water, causing thick mucus to clog up the body's organs. This leads to frequent chest infections and often problems with the digestive system, as well as other associated health problems.

As there is no cure for CF or means of preventing it, treatment is aimed at controlling the symptoms and trying to limit any damage to the lungs and other organs.

Medication and physiotherapy are the main areas of treatment, although diet and exercise also play an important role.

Physiotherapy

Physiotherapy helps clear the thick mucus from the lungs, which reduces the effects of infection and lung damage. It is usually carried out twice a day for about 10 to 15 minutes, more frequently if there is a chest infection. For a child, the parent will usually perform the physiotherapy and adults can carry it out themselves.

It is important that a physiotherapy regime is started as soon as CF is diagnosed in order to minimise long-term lung damage.

Exercise

Physical exercise is another important aspect of management, as it keeps the body fit and can help prevent lung deterioration. Breathing exercises can also help.

Diet

As CF usually affects the body's ability to digest food and absorb nutrients, a high-calorie diet is required to ensure the right nutrition is obtained. Diet is important for those with CF and the correct diet should be started as soon as the condition is diagnosed. A healthy body weight helps ensure better resistance against infections, and allows for some weight loss during illnesses such as chest infections.

Dietary requirements change according to age:

Babies

Babies with CF may require extra calories compared with other babies and, while they are still being breast- or bottle-fed, salt supplements may be prescribed, particularly in hot weather as

so much salt is lost in the sweat. However, it is important this is only given under medical advice.

Babies will require:

- vitamin A, D and E supplements, and
- pancreatic enzymes for digesting food, to help replace those missing in the digestive system.

Children

Children with CF require large quantities of calories and protein. If they are not obtaining enough in their usual diet they may be given supplements that are available as milk shakes or fruit juices. As these are filling they should not be given before or with meals.

Children will need to continue taking vitamin A, D and E supplements, and pancreatic enzymes with each meal. Eating smaller amounts of food more frequently may help if a child's appetite is poor.

Salt supplements may be required if a large amount of salt is lost due to sweating, for example in hot weather or extended periods of exercise.

Dental hygiene is particularly important as the need to consume a high-calorie diet means that sugary foods are often eaten.

Tube feeding – either nasogastric (through the nose) or gastrostomy (directly into the stomach) – may be necessary if the child is not gaining enough weight or is failing to grow. This can help enormously with weight gain but will usually only be used if other methods, such as dietary supplements, have not worked.

Adults

The energy requirements of adults with CF are higher than normal, and they also require twice the normal recommended adult amount of protein from sources such as meat and fish.

Fatty foods such as butter and fried foods are a useful way of ensuring that plenty of calories are consumed, but it is important to ensure that enough vitamins and mineral-containing foods are also eaten.

A vegetarian diet can cause problems, in that it may be hard to obtain enough calories and nutrients, and will require expert nutritional advice. Vegan diets are not recommended as they are even more restrictive.

Vitamin A, D and E supplements are still necessary (different supplements are given to adults and children), as are pancreatic enzymes in most patients. Different types of enzymes suit

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different people, and it is important not to stop taking them unless medically directed, as this can lead to a serious blockage of the bowel, requiring hospital treatment.

Poor appetite and weight loss may be signs of a chest infection, but it is important that a high energy diet is maintained during times of illness.

Tube feeding may also be necessary in adults if too much weight is lost following illness.

Medication

As the lungs and digestive system are the main areas affected by CF, these are where medication is most commonly required. However, the many other health problems related to CF may also require medication.

Lungs

The lungs of CF patients are commonly infected by *Pseudomonas aeruginosa* bacteria and, once chronic infection occurs, it is almost impossible to eradicate. However, the organism can be eradicated and chronic infection prevented if the patient is treated early using inhaled antibiotics. Vaccines against these bacteria have not been shown to be of any benefit.

To prevent cross-infection it is recommended that those with CF avoid contact with each other where possible.

Antibiotics

While micro-organisms such as *Staph aureus* and *H influenzae* are common infections in early life, the main cause of concern to CF patients is *Ps aeruginosa*. Antibiotics commonly used to fight *Ps aeruginosa* are intravenous ceftazidime, tobramycin and the polymyxin antibiotics colistin sulphate and colistimethate sodium.

Colistimethate sodium may be given intravenously or through a nebuliser. Possible contraindications include allergy to polymyxin B, kidney problems, myasthenia gravis and porphyria. There are several potential side effects of which the frequency is unknown, including hypersensitivity reactions, circulation problems, confusion, dizziness, eye problems, kidney problems, neurological problems, paraesthesiae of the face, psychosis, sensory problems, slurred speech and vertigo. If taken through a nebuliser, side effects may include bronchospasm, cough, hypersensitivity reactions, skin rash or rashes, sore throat or mouth.

Possible contraindications include pregnancy and breastfeeding. Possible interactions include amikacin, ether, gentamicin, netilmicin, tobramycin, aminoglycosides, cephalosporins, medicines that are damaging to the kidney or nerves, and neuromuscular blockers.

Colistin is given as a nebulised solution. Contraindications may include kidney problems, myasthenia gravis, porphyria, pregnancy and

Your CPD menu

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breast-feeding. Side effects may include sensory problems, paraesthesiae around the mouth, vertigo, kidney problems, nerve problems. Interactions may occur with antibiotics or curare-type muscle relaxants.

Tobramycin may be given in nebulised form, often for 28 days followed by a drug-free interval of 28 days. If the patient is taking other inhaled drugs, these should be given before tobramycin. Possible contraindications include allergy or sensitivity to medicines such as aminoglycosides, coughing up blood, kidney problems, neuromuscular problems, ear problems, patient under six years, pregnancy and breastfeeding.

Potential side effects may include allergic reactions, breathing and lung problems, colour change or increase in sputum, chest tightness, coughing blood, diarrhoea, dizziness, ear or hearing problems, fever, general feeling of being unwell, headaches, hypoxia, irritation or inflammation of the mouth, loss of appetite, lymphadenopathy, muscle pain or tenderness, nasal polyps, nausea, nose bleed, pain such as chest pain, back pain or stomach pain, pharyngitis, rhinitis, sinusitis, skin rash, sleepiness, taste changes, weakness and kidney problems.

Possible interactions may include amphotericin B, botulinum toxin, cefalotin, ciclosporin, furosemide, mannitol, tacrolimus, urea, aminoglycosides, anticholinesterases, diuretics, medicines that damage the ear or kidney, platinum compounds and polymyxins.

Dornase alfa helps reduce the amount of lung infections and improves lung function by reducing the viscosity of the sputum. It is inhaled through a nebuliser, ideally at the same time each day. Side effects, such as rash and voice changes, are rare and usually mild.

Bronchodilators and steroids may be prescribed to help with breathing. Steroids may also help treat nasal polyps.

Digestive system

Amylase/lipase/protease (as pancreatin) is taken before or with food to replace enzymes needed for digestion. The dose prescribed is gradually increased and it is important to drink plenty of fluids.

Possible contraindications include allergy to pork protein, pregnancy and breastfeeding.

Side effects may include bowel problems, metabolic problems, nausea, stomach discomfort,

skin problems, hypersensitivity reactions, abnormal laboratory test results, and irritation or inflammation of the mouth or anal area. It is important that the acid resistant microsphere preparations are used, such as Creon.

Other complications

- Insulin may be required if diabetes develops as a result of CF.
- Bisphosphonates may be prescribed for osteoporosis, which can result from lack of nutrients.
- Liver problems may require treatment, for example with ursodeoxycholic acid.
- If a fungus infects the lungs, antifungal medication and steroids may be required.
- Acid reflux from the stomach and constipation are both common, and may require treatment.
- Oxygen may be needed in cases of advanced lung disease.
- Immunisations should be up to date, and an annual flu vaccination is recommended.

Pharmacist's role

The pharmacist has an important role in the treatment of people receiving many different medications, which would include most people with CF. Drug treatments for CF are wide ranging and may be complex. Many health professionals may be involved in the patient's care.

Pharmacists can give an overview of treatment, and most CF centres have a pharmacist as a member of the team. They can help those with CF understand the place of various medications in their treatment by explaining the roles of different drugs.

The pharmacist can also supply compliance aids, which may be invaluable if a large number of different medications is required.

Being aware of drug interactions and effects of unrelated drugs on people with CF may be extremely useful, eg knowing that some CF symptoms can be aggravated by oral contraceptives.

Finally, those with CF can benefit enormously from making the right lifestyle and diet choices, and pharmacists can be an excellent source of advice here.

Sources of information

Cystic Fibrosis Trust www.cftrust.org.uk
NHS Choices: cystic fibrosis
www.nhs.uk/conditions/Cystic-fibrosis

Miranda Griffin BSc Hons is a freelance medical journalist. (With acknowledgements to the Cystic Fibrosis Trust).

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NEXT WEEK'S UPDATE

How can you tell if a skin complaint is drug-induced?

Management of cystic fibrosis

Reflect

What type of diet should be followed in cystic fibrosis?
What are the side effects of tobramycin?

Plan

This article describes the management of CF including diet, physiotherapy and exercise as well as drug treatment.

Act

Read last week's Update article on the diagnosis and symptoms of CF if you have not already done so.

Find out more about the type of physiotherapy used in CF by reading the factsheet on airway clearance techniques on the Cystic Fibrosis Trust website <http://tinyurl.com/cvftct>.

Update your knowledge of nebuliser therapy; one source is the Patient UK website at www.patient.co.uk/showdoc/40025915.

Read the dietary advice for adults in the nutrition factsheet from the Cystic Fibrosis Trust at <http://tinyurl.com/cqbup7>. Advice for infants and children is on separate factsheets.

Revise the different pancreatin preparations in the BNF and how they are used.

Think what advice you could give to people with CF, eg on diet and exercise, and on oral contraceptives.

Evaluate

Do you now have a good knowledge of the management of CF? Are you familiar with the diet, physiotherapy and medicines that people with CF need?

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Practical Approach

A mock medication review



The mock PMR:

- Salbutamol dry powder inhaler 200mcg qds
- Salmeterol dry powder inhaler 100mcg bd
- Beclometasone dry powder inhaler 100mcg bd
- Bendroflumethiazide 5mg tablets 1 om
- Timolol 0.5 per cent eye drops 1 drop bd
- Dorzolamide 2 per cent eye drops 1 drop bd
- Nystatin oral suspension 1ml qds

Questions

1. What are the points that Joanna should identify and the actions she should take?

Answers

1a) Asthma medication

The patient appears to have moderate to severe asthma, which beclometasone (a corticosteroid anti-inflammatory) and salmeterol (a long-acting selective β_2 -agonist) are intended to control. Salbutamol (a short-acting selective β_2 -agonist) is intended for treatment of asthma attacks and

should not need to be used more often than once daily. If salbutamol is being prescribed and used four times daily, prophylaxis may be insufficiently effective or some other factor may be reducing its effectiveness. This point should be raised with the prescriber with a view to reviewing the asthma medication [see also d) below].

b) Bendroflumethiazide A thiazide diuretic, usually prescribed for mild to moderate hypertension. The usual dose is 2.5mg daily, which produces a maximal or near maximal hypotensive effective with minimal side effects or biochemical disturbance. A higher dose increases the possibility of hypokalaemia and increased plasma levels of uric acid, glucose, calcium and lipids, with little or no increased hypotensive effect. The prescriber should be contacted with a view to reviewing the dose.

c) Timolol is a beta-blocker and **dorzolamide** a carbonic anhydrase inhibitor used in the topical treatment of glaucoma. Systemic absorption of timolol can occur following application to the eye,

inducing bronchospasm and antagonising the effect of the beta-agonist asthma medications. The prescriber should be contacted and it could be suggested that withdrawal of timolol while increasing the administration of dorzolamide to three times daily might achieve effective glaucoma control.

d) Nystatin may have been prescribed to treat oral candidiasis, which could be due to local immunosuppression caused by the inhaled corticosteroid, allowing Candida yeast in the mouth to opportunistically proliferate and cause infection. The risk can be reduced by changing to a spacer device (although this may confuse the patient if he is also using dry powder inhalers) or by advising him to rinse his mouth with water after inhaling a dose. The latter approach should be tried first.

This article can help with the following CPD competencies: **G1a, G1b, G1c, G1d, G1e, G6f, G6p, C1a, C1b, C4b**
See <http://tinyurl.com/68ox7b>

David Spencer, pharmacist at the Update Pharmacy, has devised a mock medication review for his pre-registration pharmacy graduate, Joanna, as part of her training.

"What I want you to do," says David, "is to go through this mock PMR as though it was the current medication of a 69-year-old male patient, and write down any significant clinical issues that you would need to take up with the prescriber or give specific advice to the patient about."

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References: 1. No. scripts reimbursed. DoH PCA 2007; 2. IMS Health Volume MAT December 2008

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Your part in preventing cervical cancer

The death of Jade Goody saw the media spotlight fall on cervical cancer.

Kathy Oxtoby explains how pharmacies can capitalise on this interest and potentially save lives in the process

For Angela Chalmers, a pharmacist at Boots' Holloway Road branch in London, dealing with a sexual health query can also be an opportunity to save a woman's life. Ms Chalmers believes this is the ideal moment for pharmacists to make female customers aware of the importance of being screened for cervical cancer.

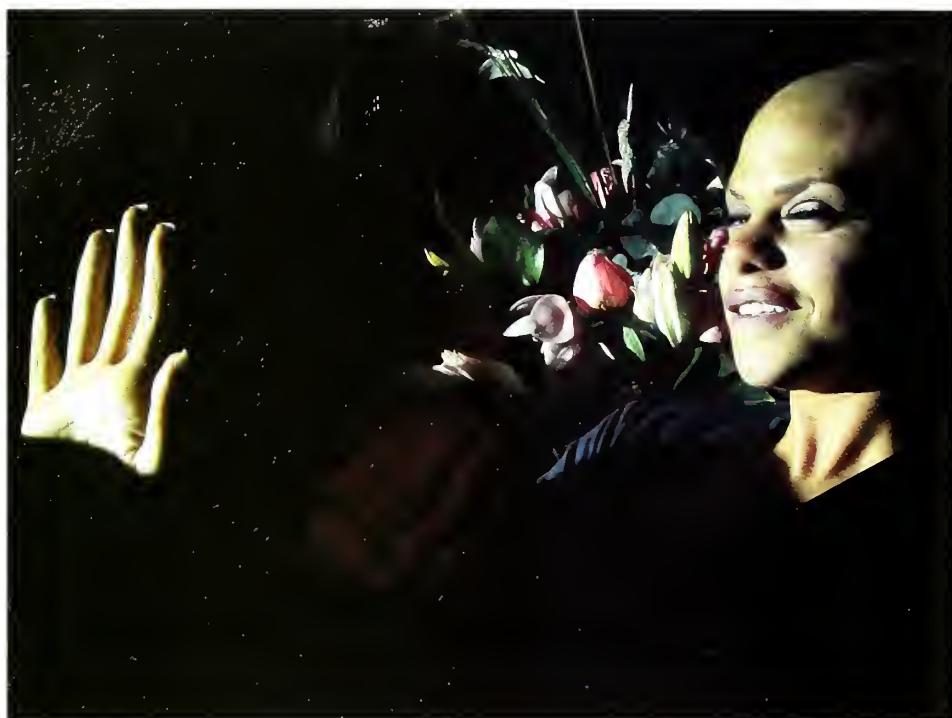
"It takes just a few seconds to check whether the woman who has come to you for, say, the morning-after pill, is having regular smear tests. But that short conversation could make all the difference to her life," she says.

"Cervical cancer can be easily prevented by screening. We just need to take that five-second opportunity to talk to our customers about it."

Reality TV star Jade Goody's very public battle with cervical cancer earlier this year resulted in record numbers of women coming forward for screening – some for the very first time. The importance of such growing interest is underlined by data from the NHS Cervical Cancer Screening Programme for 2007-08, which reveals that 20 per cent of women in England do not take up the invitation to attend a screening appointment. There is a need for all health professionals, including pharmacists, to encourage women to do so, says Rob Music, director of cervical cancer charity Jo's Trust.

According to the screening programme data, there are approximately 3,000 cases and 1,000 deaths from cervical cancer across the UK every year. Screening is vital to prevent and detect the disease, but often "women are too embarrassed or too fearful of what the result might be to take the test", says Mr Music.

He explains that there is a lack of knowledge about the cause of cervical cancer – the sexually transmitted Human Papilloma Virus (HPV) – and a lack of understanding that it is associated with sexual activity, not promiscuity. He adds that there is a sense that many women are



Enquiries by young women about cervical cancer screening soared following the death of Jade Goody

uncomfortable talking about their sexual health.

Neal Patel, head of communications at the National Pharmacy Association (NPA), says helping to prevent the disease fits with pharmacy's role of supporting customers to take care of their sexual health.

And Heidi Wright, head of practice at the RPSGB, agrees that pharmacists have a vital part to play in tackling cervical cancer, arguing that it should be part of the wider cancer prevention work carried out by the profession.

Many pharmacists are choosing to raise awareness about the government's national campaign to vaccinate girls aged 12 to 18. But last October Boots went further and launched a private vaccination service aimed at women aged 18 to 26 through a private patient group direction in 10 London stores. Following a consultation with the pharmacist, which ensures eligibility and allows for the provision of sexual health advice, patients are given three injections over six months and receive alerts reminding them of their appointments.

Ms Chalmers, whose branch is taking part in the pilot, and who received three days' training on how to deliver the vaccine, says she was keen to get involved in a service that would help protect a key group of women who fall outside of the national programme.

Lloydspharmacy launched a private cervical cancer vaccination pilot in February this year in four branches across the country. These branches

Five ways a pharmacy can help prevent cervical cancer

- 1 Request cards and leaflets from cervical cancer charity Jo's Trust or from your GP
- 2 Place leaflets on sexual health near the sales counter to ensure they are easily visible
- 3 Use pharmacy services, such as chemotherapy screening, to raise awareness and promote preventative measures
- 4 Advise customers what to expect from screening to ease their fears
- 5 If necessary, signpost customers to NHS services

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malabsorption or sucrose-isomaltase insufficiency. Contains aspartame, caution in patients with phenylketonuria. Consider content of vitamin D in Sandocal+D 600 when prescribing other medicines. Suitable for diabetics. Contains sodium. With long-term treatment, monitor serum calcium levels and renal function especially with concomitant cardiac glycosides or thiazide diuretics. Reduce dose or stop treatment if hypercalcaemia or impaired renal function occur. **Pregnancy & Lactation:** Can be used during pregnancy and breast-feeding. Calcium and vitamin D₃ can pass into breast milk. For supplementation starting in 3rd trimester, daily intake should not exceed 1500mg calcium and 1000IU vitamin D. Avoid overdoses of calcium and vitamin D. **Side Effects:** Hypersensitivity, hypercalcaemia, hypercalciuria, gastrointestinal disorders, rash, pruritus, urticaria. **Legal Category:** P. **Trade Price:** 60 tablets: £5.35; 100 tablets: £8.75. **Product Licence No.:** 00030/0216. **PL Holder:** Novartis Consumer Health, Horsham, RH12 5AB, UK. **Date of Preparation:** March 2009.

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have computer terminals that link customers to the multiple's online doctor service. Customers complete an online questionnaire, which is reviewed immediately by a GP specialising in sexual health.

If appropriate, a prescription will be written and sent electronically to the pharmacy. The customer can collect their prescription immediately and, where applicable, arrange for the vaccine to be administered in store. The whole process can take no more than 15 minutes.

Both organisations are monitoring uptake of their pilot services. While Lloydspharmacy says it is too early to gauge a response, Boots has reported a 48 per cent rise in demand for the vaccination, as women reassess their risk of developing cervical cancer following intense coverage of the disease in the media.

Independent pharmacists who wish to deliver the HPV vaccine would need a private patient group direction issued by their PCT in order to provide a prescription, Mr Patel of the NPA advises. Another route for independent pharmacists to administer the vaccine would be via a GP prescription, providing pharmacy staff had been given appropriate training, he says.

Outside of vaccinations, an important way the profession can help prevent cervical cancer is by improving people's understanding of the disease. Prior to the publicity surrounding Jade Goody's illness, Ms Chalmers says there was a "shocking lack of knowledge" about its causes, symptoms and the need for women to have regular smears.

With so many women having such little

‘YOUNG WOMEN MAY NOT HAVE HAD A SMEAR BEFORE AND MAY BE PUT OFF HAVING ONE BECAUSE THEY ARE SO WORRIED ABOUT WHAT IT INVOLVES’

understanding of why screening is important and what it involves, Ms Chalmers believes pharmacists can do much to demystify the process and allay their fears.

"Young women in particular may not have had a smear before and may put off having one because they are so worried about what it involves. Pharmacists can talk to them from the privacy of a consultation room about what to expect and put their minds at ease."

Certain pharmacy-based services can provide a platform to raise awareness about cervical cancer and promote preventative measures. Ms Chalmers says talking to a woman about having a chlamydia check, for example, can also be a chance to ask whether she has regular smear tests.

Women may also come to their local pharmacy for advice and reassurance about symptoms such as mid-cycle bleeding that they might feel are too

trivial to warrant a visit to a GP. Again, Ms Chalmers says this is an opportunity for pharmacists to offer support and, if necessary, to signpost their customer to the relevant NHS service.

To boost awareness, Nitin Makadia, clinical services development manager for Lloydspharmacy, suggests liberal signposting of the sexual health services available both in and outside the pharmacy.

"Our pharmacies have a range of leaflets on sexual health, which are located near the service counter to ensure they are easily visible to customers," he says.


Jo's Trust also has a range of posters and leaflets available that pharmacists can use to help better inform women about cervical cancer and sexual health in general.

And, despite public awareness of cervical cancer increasing in recent months, Mr Music says the trust is keen to "keep the message going that screening saves lives – and pharmacy can help us do this."

USEFUL INFORMATION

Jo's Trust – information about cervical cancer and a confidential medical enquiry service
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Career ladder



...at MedicX Pharmacy

The MedicX Pharmacy group has appointed Vicki James (pictured, above) as pharmacy services contracts manager. Ms James will be responsible for securing new contracts and developing service models for MedicX pharmacies. She joins from Lloydspharmacy, where she managed the NHS contracts team for over eight years.

...at ABPI

The Association of the British Pharmaceutical Industry has appointed Alison Clough to the newly created role of director of value. Ms Clough will work with Nice and the NHS to drive change from a cost-based to value-based approval process for new medicines. A former hospital pharmacist, Ms Clough joins the ABPI from pharmaceutical company Innovex.

...at Actavis

Actavis has added 10 members to its sales force. The generics company said the appointments were "a great demonstration" of its growing product portfolio and commitment to its customers. Actavis has also retrained its 40-strong customer facing team "to ensure that they can offer the very best advice to pharmacists on reimbursement".

...at Lifeplan Products

Supplements manufacturer Lifeplan Products has appointed Amanda Kay (pictured, below) to the newly created position of pharmacy sales manager. Ms Kay will work with community pharmacies in the northwest to introduce them



to the company's product portfolio. She joins from wholesaler Raven Supplies.

Hospital hopes

Zoe Smeaton on moving from community to hospital pharmacy

A pharmacy student is a pharmacy student. But as soon as you are released from the safety of university into the working world, a great chasm seems to open down the centre of the profession, dividing those who choose community practice and those who plump for the hospital environment. It may feel like you have little time or opportunity to assess these different career paths before you find yourself marching headlong down one of them. But switching between the two sectors remains an option, even several years into your career.

If you're a community pharmacist looking for a more clinical role, then making the move into hospital could be worth considering, says Professor Ray Fitzpatrick, clinical director of pharmacy at the Royal Wolverhampton Hospital, and chair of the RPSGB's hospital pharmacists group.

One of the biggest differences between the community and hospital sectors, he explains, is that hospital pharmacists spend a lot less time in the dispensary, which is often managed by technicians. "The vast majority of a hospital pharmacist's time is spent in the ward environment," Professor Fitzpatrick says. On the wards, pharmacists are involved in reviewing and checking prescriptions clinically, before they are sent back to the dispensary.

Additional clinical training is a must as hospital pharmacists develop their careers, and many end up working in specialised areas. Within these they may be as knowledgeable in therapeutics and prescription notes as the other medical staff, and at a higher level than many of the junior doctors.

So is it really possible for someone working in community pharmacy to take on all of this? "Yes, they can: I'm a living example of one [who



A hospital pharmacist is likely to spend most of their day on the ward

has]," says Professor Fitzpatrick, who moved to hospital pharmacy after being a manager in the community sector. And Jane Lumb, training manager at Numark, agrees: "One of the benefits of a career in pharmacy is that many of the core skills and competencies in the various fields are transferable." Skills such as communication, patient focus, and the ability to work as part of a team will be valued in both sectors, Ms Lumb explains.

To make your case stronger, Ms Lumb suggests a clinical diploma. Professional development and additional clinical training are high on the agenda throughout hospital pharmacists' careers.

Communication is also important, as hospital pharmacists must be able to deal with patients who are very unwell, as well as working closely with a range of healthcare professionals. Anything you can do to demonstrate that you have these skills would help.

Professor Fitzpatrick also advises pharmacists to make the move as early as possible, as switching sectors in more senior roles can be

more difficult. You might also need to be prepared to come in at a lower level than you were at in your own sector, he warns. "That's part of the sacrifice you have to make for long-term career development," he says.

If you are looking to move later on in your career, though, don't give up, as it could be possible, for example if you have lots of managerial skills. You may just need to be more selective about which job you go for, matching the competencies needed to your experiences.

Above all, it's important to have the right attitude and to show enthusiasm for making the move. A good way to demonstrate this enthusiasm would be to get some understanding of hospital pharmacy. Consider getting in touch with your local chief pharmacist and asking if you can do some work experience or even just a day seeing how it works.

Professor Fitzpatrick says pharmacists shouldn't be frightened of trying to make the move, as "with the right training, anybody can be a hospital pharmacist". He says: "All you have got to have is the desire and motivation to do it."

It's worth remembering also that there are some things you will be able to do better than your hospital colleagues and these could help you land that dream job. Professor Fitzpatrick says of community pharmacists: "They are much more self-reliant because they have had to be, they are put in charge of a team of staff. They understand the business side of pharmacy as well and that's something we have probably neglected somewhat in our hospital pharmacists."

So approach the move with enthusiasm, and the confidence to show off your key skills and attributes, and there should be nothing to stop you making that switch from a community to a hospital setting.

Career tip of the week

"Many interviewers want an informal second opinion on candidates from one or more members of their team (after all, they'll have to work with whoever gets the job). So you need to make as good a first impression as you can on everyone you meet – including the receptionist – because you don't know which of them may have an input into the final selection." From Brilliant Interview, by Ros Jay www.chemistanddruggist.co.uk/booksforjobhunters

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Postscript...

Mike Hewitson's diary of a new pharmacy owner

Astronomically incoherent

Last week the French, this week a visitor of an even more special kind, and an opportunity to tick off yet another life-long ambition.

A gentleman was wandering around the shop obviously looking for something. "Can I help?" I asked.

"Do you have razor blades?" the gentleman replied. I pointed in the vicinity of the blades.

"On holiday?" I enquired, because of the obvious American accent.

"Just visiting for the weekend." After a few more minutes of conversation, it turned out he was staying with a regular customer.

This rang a bell in the back of my mind... then, bingo! "You must be the astronaut." My customer was a scientist and a member of some of the early space shuttle missions, and had travelled from Washington DC to give a guest lecture on behalf of a Dorset hospice.

Truly a humbling experience to meet a man who has achieved so much, and yet was prepared to sacrifice his precious time to help people he

has never met on the other side of the planet.

The words 'bumbling' and 'idiot' have scarcely gone together better in a sentence; I could hardly string a few coherent words together, but at least I have now achieved my boyhood dream of meeting an astronaut.

I suppose at the very least it highlights the added value of talking to your customers, and not just from a clinical perspective. You never know when the ordinary looking person in front of you has an amazing story to tell – and, you never know, it could be out of this world!

‘THE WORDS ‘BUMBLING’ AND ‘IDIOT’ HAVE SCARCELY GONE TOGETHER BETTER IN A SENTENCE’



Raiders of the lost archives

C+D 1859-2009 Celebrating 150 years in pharmacy

150

Worried about what to get for that special someone? C+D had the answer in its March, 1860 issue, with a list of "books for presents".

Not that any of them sound particularly riveting. Widow Green and Her Three Nieces – pitched at the time as "a suitable present for domestics" – hasn't exactly remained a perennial bestseller. It's currently available to read online for free (if you're interested).

For the lush of the family, 10 different

kinds of Publications for the Suppression of Intemperance were available from C+D. Never before had it been so easy to give a thoughtful gift and condemn a lifestyle choice at the same time.

And who wouldn't want their kids to own Uncle John's "profusely illustrated" Songs and Hymns for the Little Ones?

Then again, given the current crop of celebrity autobiographies, the adventures of Widow Green et al. might not be such a bad choice after all.

Doctors call for plain English, perhaps

Doctors have rallied against the use of jargon in the health service.

Delegates at the annual BMA consultants' meeting took umbrage at those who call patients "service users" or "clients". Another example of "gobbledygook" given was the phrase "proof of concept", used to describe a pilot. This struck a chord with Postscript, having recently been politely asked by a government spokesperson whether we'd

mind not using the word "pilot" and instead substitute the catchy "scoping exercise". Quite what the vital difference is, we're still not sure.

But we are sure there must be other great examples of jargon out there in the acronym-laden world of pharmacy.

Is there a particular word or phrase that drives you crazy? Name and shame the perpetrator(s) by emailing postscript@cmpmedica.com.

C+D's Numark star



C+D editor Gary Paragpuri presented Farida Sharafali with a highly commended prize at the Numark pre-registration awards.

As part of her prize, Farida won a placement to work at C+D for two weeks, which she completed earlier this year. She triumphed following a selection process that included writing an article

about her first month as a pre-reg and an interview stage.

During her fortnight in the office, Farida played a full part in the editorial team, attending media briefings, helping with news gathering, conducting video interviews with industry leaders, and writing articles that appeared in print and on the C+D website.

Gary said: "It was great to have Farida in the office. She showed great energy and enthusiasm and really made the most of her time here."

Sarah Watson of Lliswerry Pharmacy, Newport, took the Numark Pre-reg of the Year award, and C&A Brack Pharmacy's Ian Dean won Tutor of the Year.

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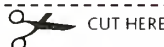
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"As a new generation pharmacist I want to be confident in what the future holds in store for the profession and its members, hence I will be voting 'yes' to the Charter changes this June".

**Ravi Patel,
Locum Pharmacist.**

